

U.S. Surgeon General's Office, Historical Division

HISTORY OF PREVENTIVE MEDICINE DIVISION

GROUND MEDICAL SECTION

HEADQUARTERS, ARMY GROUND FORCES

[V.9]

This history is being made available in manuscript form pending the completion of the official History of the Medical Department in World War II, and must be considered as a draft subject to final editing and revision. Persons finding errors in facts or important omissions should communicate with the Historical Division, Army Medical Library, Washington 25, D.C.

It is emphasized that all statistical data in this monograph are tentative and subject to revision when tabulation of individual sick and wounded report cards has been completed.

1360

T 16 Sept 1948

PREVENTIVE MEDICINE IN
MEDICAL SECTION GHQ PRIOR TO ORGANIZATION OF
ARMY GROUND FORCES

For approximately 10 months prior to the dissolution of General Headquarters by virtue of the reorganization of the War Department under Circular 59 the Medical Section had been primarily concerned with the formulation of plans for various potential operations, each of which contained a medical annex. The purpose of these plans was to place in the hands of the commanders (to be selected) an appreciation to include a medical appreciation of the area selected for operations. To make proper provision for the units and supplies required and the necessary logistical preparation for their arrival at the required place at the proper time detailed information necessary for an evaluation of these requirements was required. Information was assembled relative to health protection and the medical care of troops. Serious consideration was given to the health of the civilian communities in which our troops might be stationed or pass through since our military forces would be vitally affected by the health of these civilians. Orientation and training relative to health hazards were made a part of the troop training programs in order that troops would become properly indoctrinated with the necessity for maintaining a high standard in sanitation and personnel hygiene. Surveys of the areas with which we were concerned had not been completed in each instance and resort was made to information from all possible sources, especially library research. Much valuable information was also received from commercial air line sources, Military Attache' reports, and from surveys made by medical officers assigned to the Engineer Divisions who were responsible for the preparation of various U. S. Army bases. In the fall of 1941 with the establishment of the Medical Intelligence Division in The Surgeon General's Office more and more epidemiological information was made available by that section. These enlightening summaries of health conditions and specific precautions to be taken in certain theaters supplied a large part of the information required. During this period a standard form for a Medical Plan as an annex to an operations plan containing a section on disease control, special sanitary precautions and a form for sanitary surveys was prepared for the War Department. (See Tab A)

PREVENTIVE MEDICAL SECTION
ARMY GROUND FORCE MEDICAL SECTION

Army Ground Forces Headquarters became operational 9 March 1942 under War Department Circular 59. The Medical Section was included as a special staff section organized as indicated in Tab B. While the operational phase of preventive medicine greatly increased, considerable planning was also necessary and this section was occupied chiefly with the following tasks:

1. Preparation of courses of instruction and recommendations relative to policy for training in personal hygiene, sanitation, and V.D. control in Ground Force schools (Infantry School, Artillery School, etc).
2. V.D. control in Ground Force Units. (In this connection close liaison was maintained with the V.D. Section of the Preventive Medical Service, Surgeon General's Office, in order to insure uniformity in presenting information, control and proper cooperation of Ground Forces with ASF commands in meeting their common problem.)
3. Preparation of Records, Reports and Returns. Close liaison was maintained with the Medical Statistics Division, Surgeon General's Office, and recommendations were submitted relative to changes in type of records, reports, and returns. Every effort was made to properly indoctrinate Ground Force Units with the necessity of rendering complete and correct reports. Information needed by The Surgeon General's Office relating to Ground Force units was obtained for the Medical Statistics Division, SGO, and corrective action taken from time to time to insure compliance with the directives of that office relative to these reports.
4. Statistics relative to the health of the Ground Forces were maintained in the Medical Section in order that the Commanding General, Army Ground Forces, could be kept informed at all times on the health of the command.

5. Sanitary Reports were processed and corrective action taken where indicated. Special information believed to be of sufficient importance to warrant it was communicated to The Surgeon General's Office by telephone. Reports of specified acute infectious diseases received by wire or telephone were furnished The Surgeon General's Office immediately upon their receipt.
6. Inspections in the field were made relative to sanitation and personal hygiene and corrective action taken where indicated. Diseases occurring in epidemic proportions were investigated on the ground and action indicated taken.
7. Recommendations were made relative to physical standards and for instructions for the physical processing, vaccinations, etc., in preparing troops for overseas movements.

Organization of Preventive Medicine Division, Medical Section

Two officers (Major M. W. Bass, MC, AUS and Captain F. S. Dozier, MC, AUS) were assigned for duty in the Medical Section in early March 1942 and assigned to the Preventive Medicine Division. This assignment was terminated after less than a month due to a reduction in the strength of the Medical Section (See Tab C) and the Preventive Medicine Division with its respective responsibilities were temporarily incorporated as an additional duty of the Operations Division. This permitted the utilization of but part of the time of one officer and curtailed greatly the operative phase of this Division. However, operating procedures were promulgated which assured that routine administrative matters were performed by highly capable enlisted assistants and full use of the officers available time was accomplished. This method of operating was continued for the period March 1942 to June 1943 until Captain Fred H. Fehlmann, MC, AUS, was assigned to Headquarters, GNMED, Preventive Medicine Section, 12 June 1943. (See Tab D.) Considerable experience had been gained during the preceding period relative to the responsibilities that should be properly assigned the Preventive Medical Division. This Division was therefore charged with the following duties:

1. Maintain a file of statistical records received periodically from The Surgeon General relative to disease and injury in the Army and keep the Chief Surgeon informed as to the health of Army Ground Forces personnel.

2. Review Monthly Comprehensive Sanitary Reports.
3. Make such studies relative to health of Army Ground Forces troops as special situations may require.
4. Maintain liaison with Preventive Medicine Division Office of The Surgeon General and Office of The Air Surgeon.
5. Advise Chief Surgeon, Army Ground Forces, on matters of preventive medicine as it applies to Army Ground Forces troops.
6. Review and act for Chief Surgeon on all War Department publications and on directives pertaining to hygiene, sanitation, and communicable disease.
7. Review current overseas reports for information on all matters of military health and make appropriate recommendations to the Chief Surgeon concerning training in medical subjects.
8. Represent Chief Surgeon on U. S. Army Committee for Insect and Rodent Control.

Physical Standards and Profiling

1. Review and act for Chief Surgeon on War Department publications pertaining to physical standards, profiling and medical examinations.
2. Maintain liaison with Physical Standards Division, Office of The Surgeon General and Office of The Air Surgeon.
3. Render professional advice for the Chief Surgeon relative to questions of physical standards for training and for overseas duty.

Statistical records maintained by the following charts. Admission rate per 1000 men per annum.

- A. Malaria acquired in and out U. S. 1944-1945.
- B. Non-effective rate - AGF and U. S. total from January 1943 to July 1945.

- C. Intestinal Diseases.
- D. Disease and Injury.
- E. Respiratory Disease.
- F. Venereal Disease "New."

(See Tab E).

In addition to the instructions contained in AR 40-1080 relative to the rendition of (WD, MD Form 86ab) the following additional and specific instructions were published to Ground Force units.

- (1) Consolidated reports covering each of the following units and commands will be prepared and forwarded promptly to Headquarters Army Ground Forces (Attention: Ground Surgeon):
 - a. Each Division (including units attached for Medical service).
 - b. Each independent Corps (including all assigned and attached units).
 - c. Each Army (including all assigned and attached units).
 - d. Each independent Army Ground Forces command except Replacement and School.
- (2) Copies of Army Ground Forces unit and consolidated reports will include under "Remarks."
 - a. The number of individuals actually assigned to the reporting unit who remain in any hospital (present or absent) as of 2400 of the last day of the period covered.

Vital Statistics in Major Units Under Army Ground

Force Control

Major units under Army Ground Force control were encouraged to maintain such general vital statistics, comparative rates and general reviews of health of their commands as their assigned personnel would

permit. Especially stressed was the desirability and necessity for careful and accurate venereal disease rates. Comparative venereal disease rates were maintained by all major units which proved to be of value in the control of these diseases. (See Tab F)

Current Operations of Preventive Medicine Division

Medical Section

(November 1945 to date)

With redeployment and the ensuing drastic reduction in medical officers assigned to Ground Force Medical Units the Chief Surgeon Army Ground Forces was concerned relative to the proper supervision of sanitation and hygiene in these units. In cooperation with The Surgeon General it was agreed that when the Medical Corps personnel assigned for duty in a tactical command became depleted to the degree that the surgeon thereof considered that there was an inadequate discharge of duties regarding supervision of sanitation and hygiene that the assistance of the surgeon of the local post, camp, or station could be elicited. In the absence of Medical Corps officers assigned for duty with tactical units where the Medical Service was being furnished by post, camp, or station medical personnel, the surgeon of the installation was charged by The Surgeon General with discharging the Medical Department's responsibility for sanitation, sanitary supervision, instruction in hygiene and sanitation and for the rendition of the proper reports, records, and returns. The responsibility of commanders and Medical Department personnel for investigating sanitary conditions and enforcing the necessary provisions of sanitary regulations were assumed under the following regulations:

"Commanding Officers are responsible for sanitation and for the enforcement of provisions of sanitary regulations within their organization and the boundaries of areas occupied by them." (AR 40-205, Par 2a, 31 Dec 42).

"The Medical Department is charged with the duty of investigating the sanitary conditions of the Army and making recommendations in relation thereto." (AR 40-205, Par 2c).

To accomplish the above and to keep commanding officers and higher administrative authorities in touch with current sanitary conditions a Monthly Sanitary Report (WD AGO Form 8-140) was rendered by The Surgeon of each tactical command (AR 40-275).

November 6, 1945, Headquarters Army Ground Forces published the following to Major Units under its control relative to Medical Reports to implement this plan:

"1. Responsibility for rendition of medical reports as outlined in current War Department Directives is supplemented as follows:

a. Statistical Health Report, WD AGO Form 8-122 (old WD MD Form 86ab).

- (1) Consolidated reports are no longer required by this headquarters.
- (2) Paragraph 26, Section II, Weekly Directive No 16, Hq AGF, 17 April 1945 is hereby rescinded.

b. Venereal Disease Statistical Tables.

- (1) Commanding officers of Army Ground Force units receiving Army Service Forces dispensary medical service will be responsible for maintaining Venereal Disease Statistical Tables required by par 24 a, AR 40-210, 25 April 1945. Data for compiling the tables will be obtained from the dispensary, and necessary information copies will be prepared and forwarded to permit maintenance of consolidated tables by headquarters designated in par 24 a (3), AR 40-210.

c. Monthly Sanitary Report, WD AGO Form 8-140.

- (1) A Monthly Sanitary Report will be rendered for each Army Ground Force unit and installation in accordance with par 3, AR 40-275, 13 September 1945 provided such unit or installation has a Medical Corps officer assigned for duty. In those instances where the number of Medical Corps officers so assigned is insufficient to permit first-hand acquisition of all data required for proper completion of the report, necessary assistance in procuring such data will be obtained from the Post Surgeon.

- (2) A Monthly Sanitary Report for each Army Ground Forces unit and installation which has no Medical Corps officer assigned for duty will be prepared by the Army Service Forces surgeon of the post upon which such unit or installation is located as of the last day of the month. The report will be forwarded to the commanding officer of the Army Ground Forces unit or installation for necessary action and transmission by indorsement through Army Ground Forces channels as prescribed in AR 40-275.
- (3) Army Ground Forces commanding officers referred to in (2) above, are not relieved of responsibility imposed by paragraph 2, AR 40-205, 31 December 1942 and will fully cooperate with Army Service Forces medical inspectors in matters of health and sanitation requiring corrective action.

d. Monthly Comprehensive Sanitary Reports.

- (1) Armies, separate corps, and equivalent command echelons will submit a Monthly Comprehensive Sanitary Report in accordance with paragraph 4, AR 40-275.
- (2) As used in subparagraph (1) above, the following will be considered as equivalent command echelons:
 - (a) Replacement and School Command.
 - (b) Airborne Center.
 - (c) Army Ground Forces Replacement Depots.
- (3) Army Ground Forces units and installations not assigned to a command listed in subparagraphs (1) and (2) above, will forward unit Monthly Sanitary Reports through military channels to Headquarters Army Ground Forces.

ASF Responsibilities

In implementing their responsibilities ASF published Army Service Forces Circular No 413, HQ, ASF, Section IV, Part II dated 7 November 1945.

* * * * *

"IV. HYGIENE AND SANITATION. 1. Pending the publication of a War Department circular the following provisions will govern sanitation and hygiene in tactical commands.

2. When a tactical command such as a separate company, battalion, or division functioning as an administrative unit has no Medical Corps officers assigned for duty and medical service is furnished by post, camp, or other station medical complement, the surgeon or senior medical officer of such an installation will discharge Medical Department responsibility for sanitation, sanitary supervision, and instruction in hygiene and sanitation as provided in AR 40-205 and other pertinent regulations and directives.

3. In such instances the surgeon or senior medical officer designated in paragraph 1 will be responsible for rendering a monthly sanitary report (Reports Control Symbol MCE-4) addressed to the commanding officer of the organization as prescribed in paragraph 3, AR 40-275, 13 September 1945.

4. The surgeon assuming the duties designated in paragraphs 1 and 2 may assign officers of the Medical Department to act as his assistants and discharge these duties for him.

5. When the Medical Corps personnel assigned for duty in a tactical command have been reduced to such an extent below the authorized Table of Organization that the surgeon or senior medical officer of the organization considers there is inadequate discharge of the duties regarding supervision of sanitation and hygiene he should request assistance from the surgeon of the local post, camp or station."

Major Fred H. Fehlmann, MC, AUS, Chief of the Preventive Medicine Division, Medical Section, departed this headquarters November 9, 1945 and his replacement, Lt. Colonel C. B. Henry, MC, AUS, arrived at this headquarters January 1946. As now constituted the Preventive Medicine is subdivision of the Professional Service Division, Medical Section, but only one officer is available for assignment to the Division (See Tab G).

LIST OF TABS

- TAB "A" - Annex to Operation Plan (Medical)
- TAB "B" - Organization Chart, Medical Section, Army Ground Forces
(Preventive Medicine Branch) March 1942
- TAB "C" - Organization Chart, Medical Section, Army Ground Forces
(Preventive Medicine Branch) April 1942
- TAB "D" - Organization Chart, Medical Section, Army Ground Forces
(Preventive Medicine Branch) 1944
- TAB "E" - Army Ground Forces Quarterly Statistical Summaries
(Cannot Locate)
- TAB "F" - Monthly Health Summaries (Armored Force) (Cannot Locate)
- TAB "G" - Organization Chart, Medical Section, Army Ground Forces
(Professional Service - Preventive Medicine Branch)
1946

ANNEX
TO
OPERATIONS PLAN
OF

MEDICAL PLAN

TAB "A"

ANNEX
TO
OPERATIONS PLAN
OF

MEDICAL PLAN
TABLE OF CONTENTS

<u>Paragraph</u>	<u>Subject</u>	<u>Page</u>
<u>SECTION I - GENERAL PLAN OF OPERATION</u>		
1	Initial Strength and Distribution	13
2	List of Medical Units, Dets., & Base and/or Sector Headquarters required to operate Medical Plan	13
<u>SECTION II - SUPPLY</u>		
3	Medical Supplies	14
4	Other Supplies	17
<u>SECTION III - TRANSPORTATION</u>		
5	Water	18
6	Rail	18
7	Air	18
8	Motor	18
<u>SECTION IV - CONSTRUCTION</u>		
9	General Policy and Responsibility	18
10	Facilities to be Constructed	18
<u>SECTION V - PLAN OF EVACUATION</u>		
11	Policies	18
12	Evacuation to Fixed Hospitals	19
13	Evacuation to Zone of Interior	19
<u>SECTION VI - HOSPITALIZATION</u>		
14	Location of Fixed Hospitals	19
15	Estimates of Bed Requirements	19

<u>Paragraph</u>	<u>Subject</u>	<u>Page</u>
<u>SECTION VII - MISCELLANEOUS</u>		
16	Labor	19
17	Captured Material	19
18	Water	19
19	Burials	19
20	Hospital Diets	19
21	Finance	20
<u>SECTION VIII - DISEASE CONTROL</u>		
22	Responsibility	20
23	Hygiene	20
24	Water	20
25	Waste Disposal	20
26	Control of Respiratory Disease	20
27	Intestinal Diseases	21
28	Treatment of Gas Casualties	21
29	Venereal Diseases	21
30	Insects	21
31	Rodents	21
32	Immunization	21
33	Injuries	21
34	Food	22
35	Physical Examinations	22
36	Sanitary Surveys	22
<u>SECTION IX - SPECIAL SANITARY PRECAUTIONS</u>		
37		22
ANNEXES		
6a	Sanitary Survey of _____.	23
6b	_____. Theatre. Estimation of Bed Requirements, Evacuations and Replacements.	25
6c	Suggested precautions against yellow fever.	26

✓

ANNEX
TO
OPERATIONS PLAN

MEDICAL PLAN

SECTION I

GENERAL PLAN OF OPERATION

1. Initial Strength and Distribution.
(Reference only to Annex No. ____, G-1 Plan)
2. List of Medical Units, Detachments and Base and/or Sector Headquarters required to operate Medical Plan.

SECTION II

SUPPLY

3. Medical Supplies.
 - a. Availability.
 - (1) Local Resources. (Should include -
 - (a) Local supplies available initially
 - (b) Supplies to be taken over from relieved units
 - (c) Statement on reduction in items required from Z of I when they become available locally
 - b. Unit Equipment.
 - (1) All medical supplies and complete hospital equipment will be shipped from the U.S. or from _____
 - (2) All medical units will have equipment and medical supplies
 - (a) as prescribed in T B A
 - (b) any additions or subtractions from (a)

For allotment of motor vehicles see Annex _____, quartermaster plan.

c. Basic Planning data medical components.

- (1) Ship-tons required for initial shipment (including _____, days maintenance and _____ days reserve for all classes of medical supplies).

EXAMPLE	Organ. Equip.	60 Day Reserve	30 Day Reserve
1st Echelon			
"A" Sector	742	244.8	122.4
"B" Sector	370.6	122.8	61.4
2d Echelon			
"A" Sector	737.37	232.4	166.2
"B" Sector	368.2	120.6	60.3

NOTE: - Weights of organic equipment of various medical units may be obtained from S. G. O.

- (2) Medical Maintenance Requirements of all classes other than those included in organic equipment 0.20 lbs.* per man per day (*as prescribed in G-4 plan). It may be desirable to prescribe an initial maintenance requirement with a subsequent maintenance requirement after a certain period somewhat higher. This recommendation should be forwarded to G-4 in order that it be prescribed in G-4 Annex

d. Scheme of Supply.

(1) General Outline.

- (a) Information available in Annex _____, G-4 Plan and reference may be made to this Section.
- (b) Location of supply points where initial supplies and subsequent maintenance will be shipped.
- (c) Method by which supplies will be moved from base depot to various sectors. (By intra-island shipping? - organic motor transportation? - or how?).

e. Stockages.

- (1) Organic equipment plus ____ day current maintenance and ____ () day reserve will accompany medical units or as prescribed in G-4 Annex.
- (2) Initial stockages will form the basis of reserve supply and levels will be maintained thereafter as follows: (Prescribed in G-4 Annex).

At "A"
For all Troops
of "X" Sector
60 days

At "B"
For all Troops
of "Z" Sector
60 days

At "C"
For all Troops
of Force
30 days

(3) Medical Department Blank Forms.

Medical Department Blank Forms are included with the organic equipment of medical units as shown in Basic Equipment Lists of these various units. If this amount is deemed insufficient for a particular theatre or it is intended to provide extra forms for a reserve or for the use of the Medical Sections of Sector or Theatre Headquarters they may be listed in this paragraph. Below are listed some of the forms that would probably be desirable in most theatres.

<u>Form No.</u>	<u>Form Name</u>	<u>Amount</u>
25	Public Voucher for Medical Attendance	
25a	Public Voucher for Medical Attendance Memo	
27	Public Voucher for Hospital Care & Treatment	
27a	Public Voucher for Hospital Care & Treatment Memorandum	
28	Public Voucher for Personal Services Nursing	
28a	Public Voucher for Personal Services Nursing Memorandum	
60	Certificate of Proficiency, General Enlisted Men	
60a	Certificate of Proficiency, Enlisted Men, M.D. Det.	
86F	Report of Casualties	
110	Report of Veterinary, Meat & Dairy Hygiene and Forage Inspections.	

(4) Drugs and Biologicals.

- (a) Sufficient vaccines and sera to complete all inoculations, immunizations and blood typing will be included in the initial supply of each medical unit to insure the completion of all immunization and blood typing with the least practical delay. (See paragraph on immunization (Disease control section).

- (b) Additional biologicals should be provided as follows:

<u>Product*</u>	<u>Units</u>	<u>Amount</u>
-----------------	--------------	---------------

* Biologicals required due to incidence of certain diseases in the particular sector or theatre.

- (c) Additional drugs should be provided as follows:

NOTE: - For tropical areas - Those drugs not otherwise provided recommended for treatment of tropical diseases per S. G. O. C. L. #56 (6-19-41). For frigid areas - additional supply of sulfapyridine, sulfathiasole, and sulfadiazine. Also drugs necessitated by certain diseases peculiar to the area.

f. Relief from Property Accountability.
(Prescribed in G-4 Annex) (Current instructions - 3-10-42 - as provided in letter A. G. 140.2 (2-10-42) MO-D-M, Feb. 21, 1942. Policy governing property accounting in Theatres of Operations).

g. Method of Supply.
Information given in G-4 Annex usually notes - (1) where supplies are to be shipped from - how loaded and to what point, (2) Procurement - Local procurement - development of local resources.

h. Classification of Medical Supplies.
(as per instructions in G-4 Plan) or reference FM 100-10, December 9, 1940).

i. Marking.
(1) When equipment and supplies are procured for shipment overseas or are shipped overseas from home stations of troops or depots, the system of marking will be prescribed in the G-4 Annex for both organizational and maintenance equipment.

EXAMPLE:

TO: Port Quartermaster
(name) Port of Embarkation
(place)

FOR: (Shipment number and letter of Unit).

NOTE: - The shipment number and letter of each unit will be furnished in the War Department Movement Order.

j. Shipping.

(Instructions are given in the G-4 Annex) (information should cover use of code names, instructions to insure that shipments made direct to Ports of Embarkation by contractors are marked in accordance with the provisions in the G-4 Annex).

k. Salvage.

(any information relative to medical equipment - usually prescribed in G-4 Annex).

l. Captured Material.

As prescribed in G-4 Annex.

m. Flexibility.

As prescribed in G-4 Annex.

4. Other Supplies.

a. Supplies in hands of troops.

(1) Supplies to come ashore with troops (Rations - individual clothing and equipment, field ranges, gas, etc.)

b. Supplies to come ashore immediately after troops.

(Rations, organizational equipment, remainder of vehicles, etc.)

c. Special instructions -

d. Fuel. (Information from G-4 Annex) Reference should be made to Engineer Plan. Note: - Fuel requirements for medical units must be submitted to the Engineer Section for inclusion in their Annex.

e. Laundry. Note who will furnish laundry service for medical units.

f. Mosquito and Insect Control - equipment and supply for all sanitation projects will be furnished

f. (continued)

engineers. Requirements estimates must be submitted to Engineer Section for inclusion in their Annex.

SECTION III

TRANSPORTATION

5. Water.

Reference G-4 Annex - water transportation for evacuation sick and wounded.

6. Rail.

Reference G-4 Annex - data effecting evacuation.

7. Air.

Same as for Rail.

8. Motor.

a. Refer to QM Annex for motor transportation for medical units and installations. (When other than T/O transportation is to be furnished or for medical units, sector and theatre headquarters, etc. where transportation is not prescribed by T/O requirements must be furnished the QM for inclusion in the QM Annex).

b. Maintenance and Repair - as prescribed in G-4 Annex.

SECTION IV

CONSTRUCTION

9. General Policy and Responsibility.

Who is responsible? (prescribed in G-4 Plan).

10. Facilities to be constructed.

a. Type of construction for medical installations - in tentage to be used initially?

b. Reference to Engineer Annex for details.

SECTION V

PLAN OF EVACUATION

11. Policies.

- a. Personnel.
 - (1) Evacuation policy-
- b. Animals.

12. Evacuation to Fixed Hospitals.

- a. By what means - (Mobile Medical Units, plane, or boat).

13. Evacuation to Zone of Interior.

- a. Who will provide facilities - Army or Navy?
- b. Number for which facilities must be provided. Reference Annex _____ of Medical Plan which shows evacuations to Zone of Interior. Par. D (2), G-4 Reference Data A. W. C. (1939 - 1940)

SECTION VI

HOSPITALIZATION

14. Location of Fixed Hospitals.

Note locations.

15. Estimates of Bed Requirements.

Percentage of Force for which beds will be provided. Reference to Annex _____ of Medical Plan which shows actual bed requirements.

SECTION VII

MISCELLANEOUS

16. Labor.

Use of local labor (Reference to Annex _____, G-4 Plan).

17. Captured Material (Reference to Annex _____, G-4 Plan).

18. Water - (Reference to Annex _____ Engineer Plan any special instructions.

19. Burials - as per instructions in Annex _____, G-4 Plan.

20. Hospital Diets.

NOTE: - The Surgeon General's Office prepared studies of diets furnished by the Quartermaster and determines additions required for patients' diets for the various theatres. These requirements must be furnished to the Quartermaster for inclusion in the Annex _____ QM Plan and reference only need be made in the Medical Annex. If menus utilizing the patients' ration are available - copies should be furnished the Force Surgeon and reference made under this paragraph.

21. Finance.

- a. Reference to Annex _____ Finance Plan
- b. Purpose numbers under which expenditures in connection with the operation of medical activities may be expended as outlined in Finance Circular Letters.
- c. Estimates for:
 - (1) M & H D) as prescribed in policies of
 - (2) C & R of H) S. G. O. or estimated.

Any special provisions as to basis funds will be set up under (quarterly or annually) unexpended balance, etc.)

SECTION VIII

DISEASE CONTROL

(The following will require modification in various areas)

22. Responsibility.

Responsibility for sanitation should be defined. (AR 40-205, "Military Hygiene" - FM 8-40, "Field Sanitation" - and FM 21-10, "Military Sanitation and First Aid" should be used as reference texts).

23. Hygiene.

Standard should be prescribed. Instruction should be given relative to special problems presented by a particular area.

24. Water.

Method of purification should be noted. Directions relative to storage should be prescribed.

25. Waste Disposal.

- a. Human excreta - system to be used.
- b. Garbage - method of disposal.
- c. Liquid wastes - instructions for disposal.

26. Control of Respiratory Disease. To include: -

- a. Minimum allowable floor space in types of housing to be provided.
- b. Method of washing of mess kits and kitchen utensils.
- c. Special instructions relative to clothing not included in QM Annex.

27. Intestinal Diseases.
a. Relative to civilian population to include restrictions in use of local food and drink.
b. Fly control.
c. Food sanitation affecting intestinal diseases (Reference should be made to FM 8-40 and FM 21-10).
28. Treatment of Gas Casualties.
An improvised chest for the treatment of gas casualties will be furnished appropriate medical units pending the development of such a chest. (Reference should be made to TM 8-285, "Treatment of Casualties From Chemical Agents").
29. Venereal Diseases. To include: -
a. Responsibility for control.
b. Mechanical and chemical prophylaxis.
c. Establishment of prophylactic stations.
d. Pertinent information relative to civil population.
30. Insects.
Recommend procedures for control and elimination of mosquitoes, flies, and vermin. (Procedures should in general be as prescribed in FM 8-40 and FM 21-10).
31. Rodents. As prescribed in FM 8-40 & FM 21-10.
32. Immunization.
Those required should be specified and may include:-
a. Small pox and triple typhoid as prescribed in Par. 1 b (4), AR 40-215.
b. Tetanus as prescribed by SGO Letter No. 34, dated April 16, 1941.
c. Yellow Fever as prescribed in SGO Letter No. 9, dated February 12, 1941.
33. Injuries.
Should include information relative to preventing:
a. Industrial injuries.
b. Injuries resulting from vehicle operation.
c. Special instructions when applicable.

34. Food.
- a. Inspections (embarkation & debarkation by the Army Veterinary Inspector).
 - b. Refrigeration - during transportation to base and within units.
 - c. Local procurement (veterinary inspection prior to purchase).
 - d. Unit storage - fly-proof, rat-proof when applicable.
 - e. Food handlers. (Examination as prescribed in Par 12 AR 40-205).
35. Physical Examinations.
- a. Pre-embarkation. Special examination requirements for venereal diseases. Indication for chest X-rays, neuropsychiatric examinations and determination of blood groups, if not previously determined.
 - b. Embarkation. Communicable diseases.
 - c. Debarkation examination. To determine any condition preventing debarkation.
 - d. Monthly and special physical examinations as prescribed in Army Regulations.
36. Sanitary Surveys.
- Statement that the force commander will be at an appropriate and early time after arrival in the Theater cause a sanitary survey to be made of each sector where troops are to be quartered. (Pertinent items listed in Par. 198, FM 8-40, "Field Sanitation," should be included in this Survey).

SECTION IX

SPECIAL SANITARY PRECAUTIONS

37. Should include special sanitary precautions necessitated by the prevalence of particular conditions in an area. For tropical countries it may include special precautions to be taken for sunburn, sunstroke, heat exhaustion, including the use of salt as prescribed in W. D. Circular 129, dated July 5, 1941, special emphasis on mosquito control and special emphasis on sanitation of food and water, etc. In frigid areas it may include treatment of frostbite, freezing, etc.

✓

ANNEX 6a
TO
OPERATIONS PLAN

Sanitary Survey of _____.

Index

<u>Paragraph</u>	<u>Subject</u>	<u>Page</u>
1	Geography and Terrain	
2	Climate	
3	Pertinent Environmental Factors	
4	Medical Facilities	
5	Diseases of Military Importance	
6	Summary	

Discussion of data that should be included in the above subjects.

1. Geography and Terrain. Only those features affecting sanitation and general health need be given.

2. Climate. Only those special features which affect sanitation and general health need be given.

3. Pertinent Environmental Factors. Should include pertinent data on at least the following:

- a. Population
- b. Housing
- c. Economic considerations
 - 1. General considerations
 - 2. Utilities (affecting sanitation)
 - 3. Communications (only those factors influencing medical service)
 - (a) Roads
 - (b) Water
 - (c) Air
 - (d) Cables
 - (e) Radio, telephone & telegraph
 - 4. Food and Dairy Supplies
 - 5. Water supply
 - 6. Sewage Disposal

4. Medical Facilities.

- a. Public Health Organization
- b. Hospitals and laboratories

5. Diseases of Military Importance. Brief discussion of diseases peculiar to area which will affect the military.

6. Summary. Brief summary of most pertinent features.

ANNEX 6b
TO
OPERATIONS PLAN

THEATRE

Estimates of Bed Requirements, Evacuations and Replacements Required.

<u>Index</u>	<u>Page</u>
Estimated Bed Requirements, Theatre of Operations	
Estimated Bed Requirements, Zone of Interior	
Estimated Monthly Evacuations	

* Estimated Bed Requirements - Theatre of Operations

_____ (Number) Troops
_____ Sector
_____ (Number) Troops
_____ Day Evacuation Policy

<u>Cause</u>	<u>D&NBI</u>	<u>GAS</u>	<u>GUNSHOT</u>	<u>TOTAL</u>
--------------	------------------	------------	----------------	--------------

* Reference - Tables 1-3 G-4 Reference Data AWC (1939-1940).

Estimated Bed Requirements - Zone of Interior.
(same reference as above)

Estimated Monthly Evacuations

EXAMPLE:

	Admission Rate per 1000 per day	Admission Rate per 1000 per month	% Casualties to be Evacuated	Number Evacuations per month per 1000	Evacuation for 10,000 Troops
D&NBI	3.5	105	2.63	2.762	27.62
GAS	.15	4.50	5.4	.243	2.43
GSW	.3	9	27.4	2.466	24.66
	3.95	118.50	35.43	5.471	54.71

Reference - Page 20 - G-4 Reference Data AWC 1939-1940).

ANNEX 6c
TO
OPERATIONS PLAN

Yellow Fever.

The following regulations relative to military aircraft arriving on flights from _____ or _____ will be enforced in order to prevent the introduction of yellow fever into _____.

a. For the purpose of these regulations, all of _____ and _____ shall be considered as infected or suspected of infection with yellow fever.

b. All military personnel and/or other persons returning to _____ in military aircraft who have visited or sojourned in districts where yellow fever exists or is suspected of existing within six (6) days prior to embarkation for _____, shall be kept under surveillance for a period of nine (9) days from the day when last in such districts or until their departure from the _____ if their period of duty or sojourn on this _____ is not sufficient to complete the nine (9) day period.

c. The surveillance shall consist of daily reporting to the station hospital at _____ for physical inspection and recording of temperature.

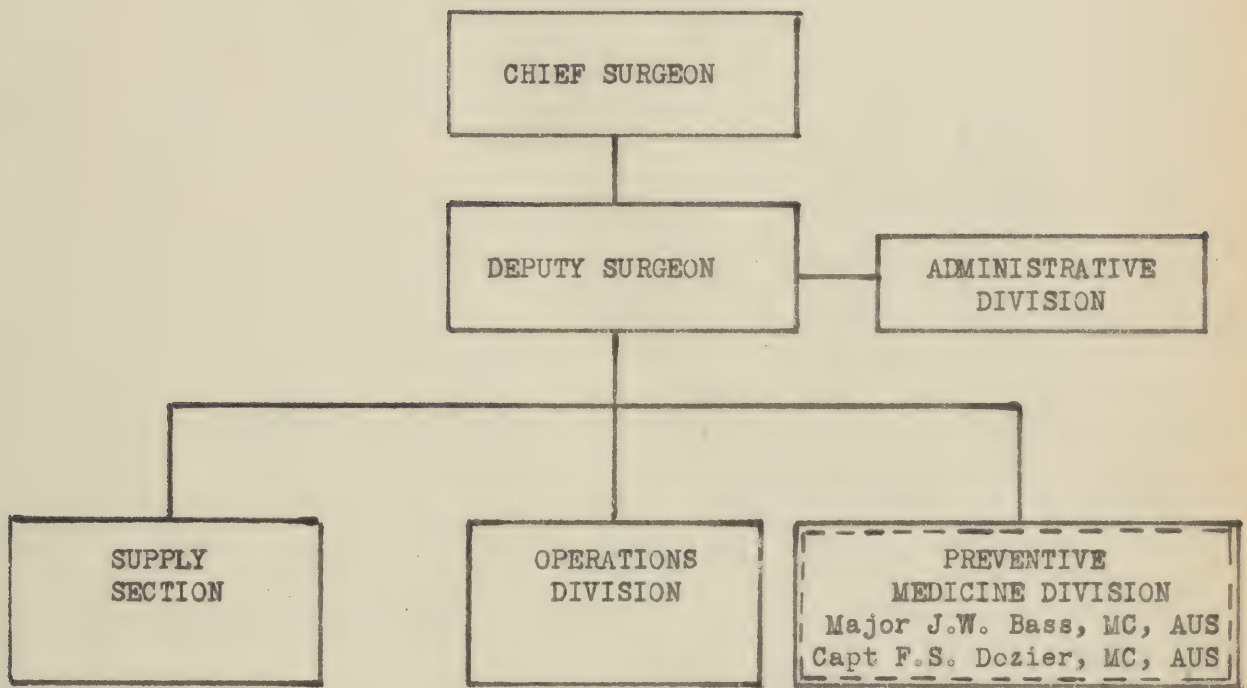
d. Any person in the military service and/or other person returning to _____ by military aircraft from a district where yellow fever exists or is suspected of existing, who, on arrival, if afflicted with a febrile illness, shall be placed in isolation in a hospital until the nature of the illness is determined. Immediately upon discovery of a febrile illness, the person afflicted shall be covered with mosquito netting and remain so covered during transportation to the hospital.

e. Military aircraft returning to _____ from districts where yellow fever exists or is suspected of existing shall immediately upon arrival in _____, be adequately sprayed in all compartments with pyrethrum spray which shall contain not less than one (1) part Pyrocid or equivalent and twenty-four (24) parts kerosene or a similar oil. Not less than five (5) cubic centimeters of this solution shall be used for every thousand (1000) cubic feet of space. All openings into the aircraft shall be closed during the period of spraying and held closed for not less than five (5) minutes after the spraying is completed.

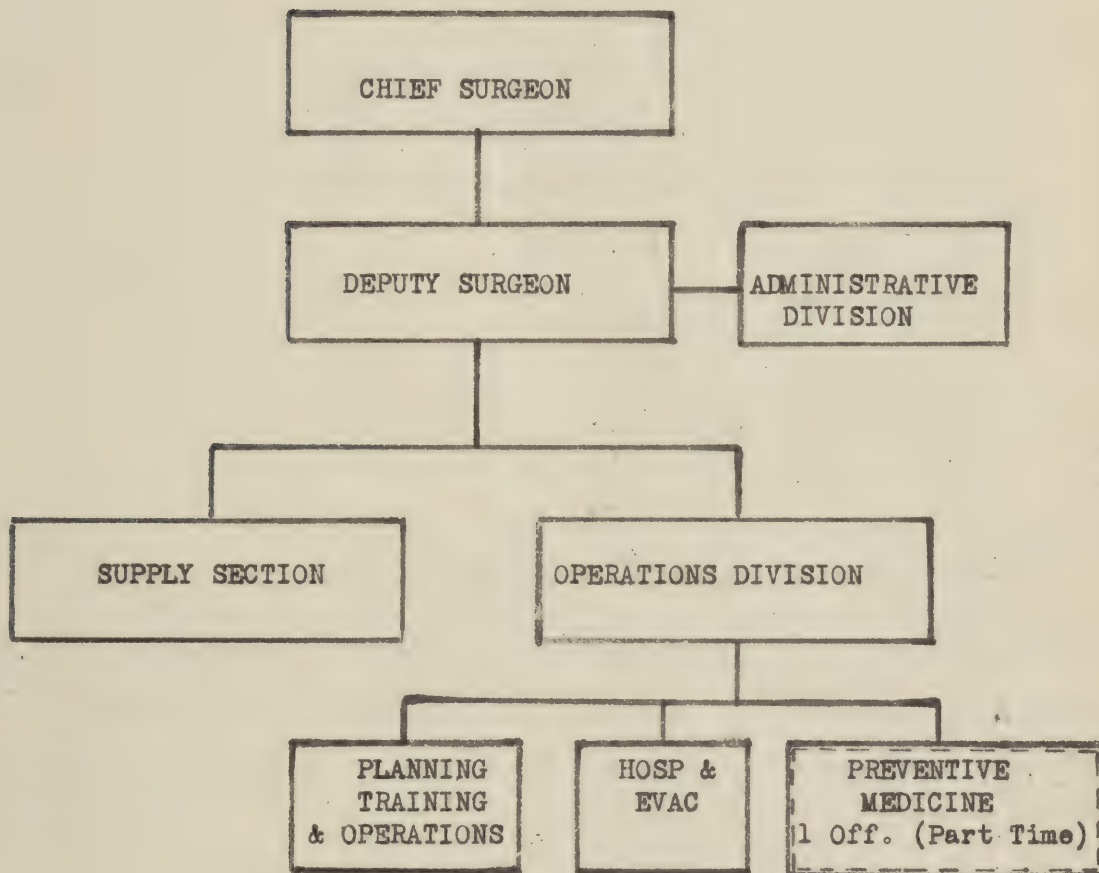
f. Sprayguns and insecticide suitable for the purpose of eradicating mosquitoes which may be harbored in ships or airplanes arriving at _____ will be furnished by the Corps of Engineers.

The insecticide referred to in e. above will be as described in Medical Department Tentative Specification N.Y.G.D. No. 334-J, November 30, 1940.

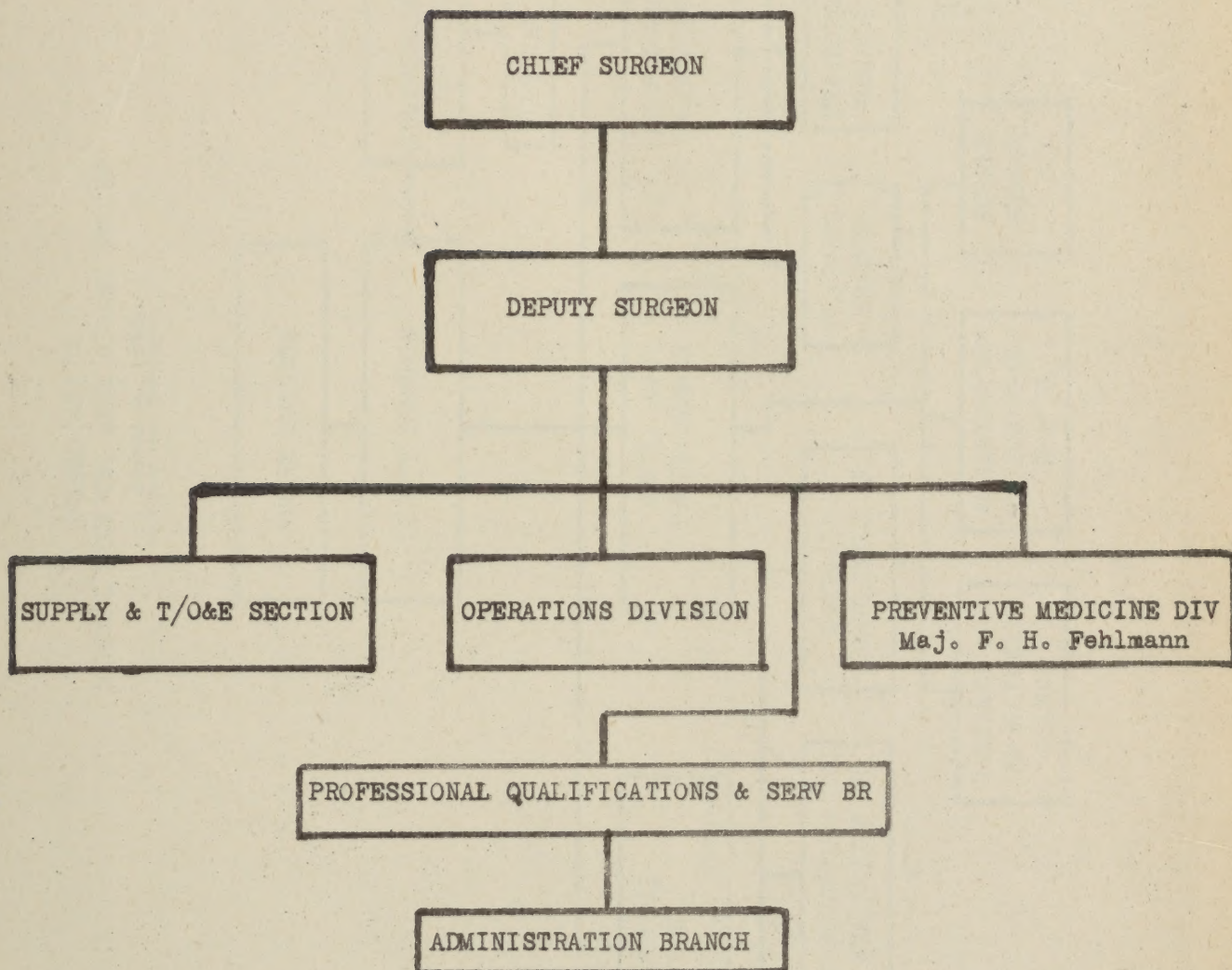
ORGANIZATION
MEDICAL SECTION, ARMY GROUND FORCES
March 1942



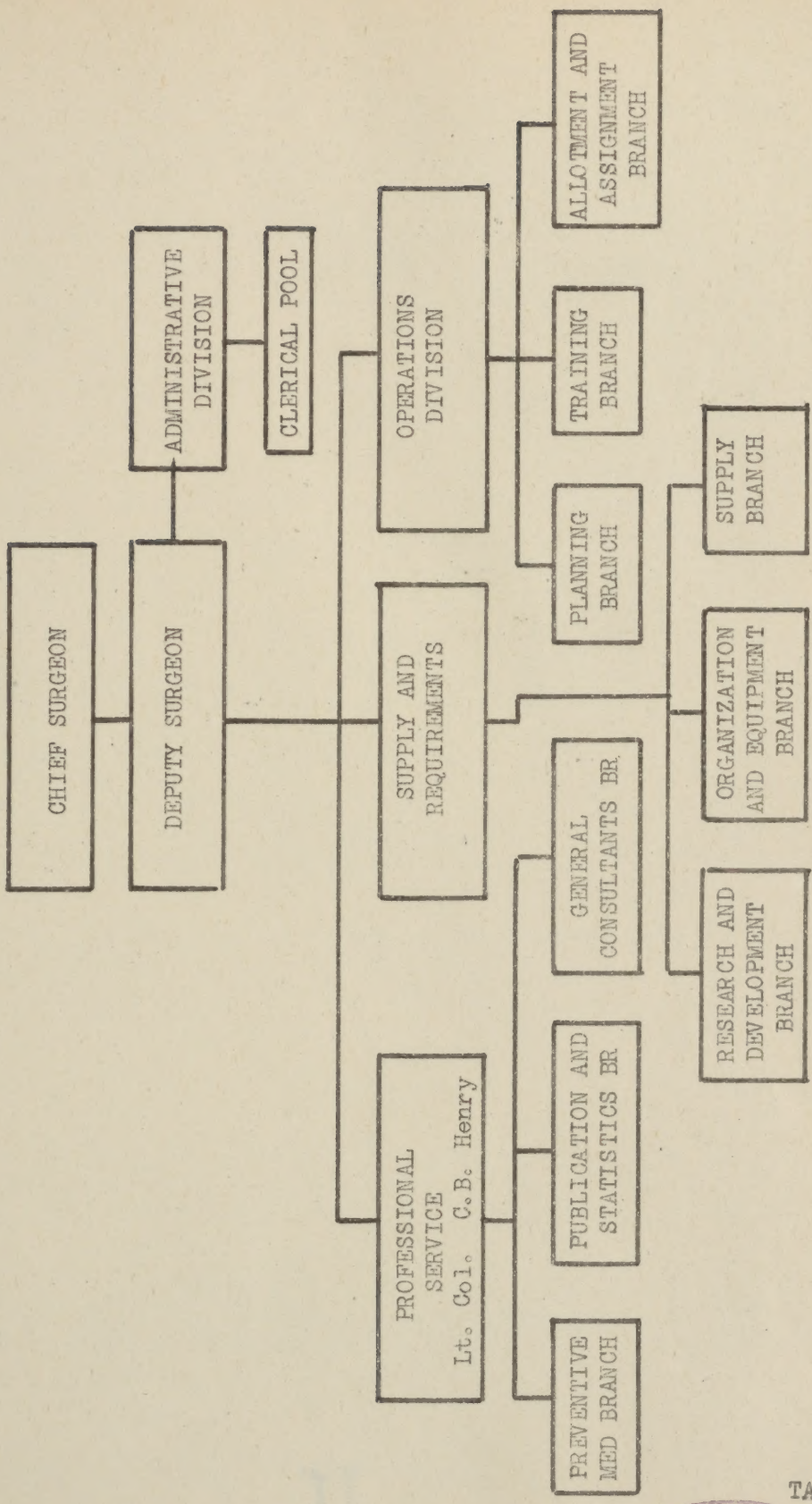
ORGANIZATION
MEDICAL SECTION, ARMY GROUND FORCES
April 1942



ORGANIZATION
MEDICAL SECTION, ARMY GROUND FORCES
1944



ORGANIZATION
MEDICAL SECTION, ARMY GROUND FORCES
16 January 1946



TAB "G"



Tracy